

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PU4724USw

First Names Inventor:  
David Gene BARRETT

Complete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## DERIVATIVES OF 1-(OXOAMINOACETYL) PENTYLCARBAMATE AS CATHEPSIN K INHIBITORS FOR THE TREATMENT OF BONE LOSS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ [ X ] was filed on 01 April 2003 as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/09893 filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED

hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
60/371,524	04/10/2002

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## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
 Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy  
 Corporate Intellectual Property  
 GlaxoSmithKline  
 Five Moore Drive, PO Box 13398  
 Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

John Legmanowicz  
 919-483-8247

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

100 2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BARRETT	David	Gene
	RESIDENCE & CITIZENSHIP	CITY: Durham POST OFFICE ADDRESS: GlaxoSmithKline Five Moore Drive, PO Box 13398	STATE OR FOREIGN COUNTRY: DE	COUNTRY OF CITIZENSHIP: US
	POST OFFICE ADDRESS		CITY: Research Triangle Park	STATE & ZIP CODE/COUNTRY: North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CATALANO	John	G.
	RESIDENCE & CITIZENSHIP	CITY: Durham	STATE OR FOREIGN COUNTRY: NC	COUNTRY OF CITIZENSHIP: US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS: GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY: Research Triangle Park	STATE & ZIP CODE/COUNTRY: North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	DEATON	David	Norman
	RESIDENCE & CITIZENSHIP	CITY: Durham	STATE OR FOREIGN COUNTRY: NC	COUNTRY OF CITIZENSHIP: US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS: GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY: Research Triangle Park	STATE & ZIP CODE/COUNTRY: North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MILLER	Aaron	Bayne
	RESIDENCE & CITIZENSHIP	CITY: Durham	STATE OR FOREIGN COUNTRY: NC	COUNTRY OF CITIZENSHIP: US
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAY</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>A.</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
3	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>SAMANO</b>	FIRST GIVEN NAME <b>Vicente</b>	SECOND GIVEN NAME/INITIAL
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Research Triangle Park, NC 27709-3398

John Lemanowicz  
919-483-8247

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2	FULL NAME OF INVENTOR	FAMILY NAME <b>BARRETT</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Gene</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Norderstedt</b>	STATE OR FOREIGN COUNTRY <b>DE</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2-00	FULL NAME OF INVENTOR	FAMILY NAME <b>CATALANO</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>G.</b>
	INVENTOR'S SIGNATURE	Signature <i>John S. Catalano</i>		Date: <i>Sept. 17, 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b> <i>N.C.</i>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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	INVENTOR'S SIGNATURE	Signature		Date:
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	INVENTOR'S SIGNATURE	Signature <i>David Norman Deaton</i>		Date: <i>9/20/2004</i>
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b> <i>N.C.</i>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>BARRETT</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Gene</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Norderstedt</b>	STATE OR FOREIGN COUNTRY <b>DE</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CATALANO</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>G.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DEATON</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Norman</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MILLER</b>	FIRST GIVEN NAME <b>Aaron</b>	SECOND GIVEN NAME/INITIAL <b>Bayne</b>
	INVENTOR'S SIGNATURE	Signature		Date: <b>09/17/04</b>
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

<b>COMBINED DECLARATION FOR UTILITY or DESIGN</b>				<b>ATTORNEY'S DOCKET NUMBER</b>
<b>PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				<b>PU4724USw</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAY</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>A.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>SAMANO</b>	FIRST GIVEN NAME <b>Vicente</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
**PU4724USw**

First Names Inventor:  
**David Gene BARRETT**

Complete if known:  
App No.:

Filing Date

Group Art Unit:

) Declaration submitted with initial filing or

) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## DERIVATIVES OF 1-(OXOAMINOACETYL) PENTYLCARBAMATE AS CATHEPSIN K INHIBITORS FOR THE TREATMENT OF BONE LOSS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **01 April 2003** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/US03/09893** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED

hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
60/371,524	04/10/2002	

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued	ATTORNEY'S DOCKET NUMBER <b>PU4724USw</b>
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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
 Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to <b>Customer Number 23347</b> <b>David J. Levy</b> Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to:  <div style="text-align: center;"><b>John Lemanowicz</b> 919-483-8247</div>
---	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME <b>BARRETT</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Gene</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Norderstedt</b>	STATE OR FOREIGN COUNTRY <b>DE</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CATALANO</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>G.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>DEATON</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Norman</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PU4724USw

5-D 2 0 3	FULL NAME OF INVENTOR	FAMILY NAME <b>RAY</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>A.</b>
	INVENTOR'S SIGNATURE	Signature <i>John A Ray</i>		Date: <b>SEPT. 20, 2004</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b> <i>N.C.</i>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME <b>SAMANO</b>	FIRST GIVEN NAME <b>Vicente</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY**

ATTORNEY'S DOCKET  
PU4724USw

First Names Inventor:  
David Gene BARRETT

Complete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DERIVATIVES OF 1-(OXOAMINOACETYL) PENTYL CARBAMATE AS CATHEPSIN K INHIBITORS FOR THE TREATMENT OF BONE LOSS**

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on 01 April 2003 as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/09893 filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED

hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
60/371,524	04/10/2002



# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
**PU4724USw**

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## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>BARRETT</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Gene</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Norderstedt</b>	STATE OR FOREIGN COUNTRY <b>DE</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CATALANO</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>G.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DEATON</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Norman</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MILLER</b>	FIRST GIVEN NAME <b>Aaron</b>	SECOND GIVEN NAME/INITIAL <b>Bayne</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4724USw
2	FULL NAME OF INVENTOR	FAMILY NAME RAY	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL A.
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
20	FULL NAME OF INVENTOR	FAMILY NAME SAMANO	FIRST GIVEN NAME Vicente	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature Vicente Samano		Date: SEP. 28, 2004
0	RESIDENCE & CITIZENSHIP	CITY Durham N.C.	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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